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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/657,910	09/09/2003	Kenichi Chiba	EISN-018CP	5169
	7590 09/14/200 CKFIELD, LLP	9	EXAM	INER
FLOOR 30, SUITE 3000			OH, TAYLOR V	
	ONE POST OFFICE SQUARE BOSTON, MA 02109			PAPER NUMBER
			1625	
			MAIL DATE	DELIVERY MODE
			09/14/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summany	10/657,910 CHIBA ET AL.		
Interview Summary	Examiner	Art Unit	
	Taylor Victor Oh	1625	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Taylor Victor Oh</u> .	(3) <u>Brian C. Trinque</u> .		
(2) <u>Giulio A. DeConti</u> .	(4)		
Date of Interview: <u>08 September 2009</u> .			
Type: a)☐ Telephonic b)☐ Video Conference c)☑ Personal [copy given to: 1)☐ applicant	2)⊠ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	ı)	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>applicants' representative</u> invention; the examiner will accept the new claims and furth	es and the examiner have dis		
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ANTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OF THE SUBSTANCE OF THE INTER OF THE OF THE INTER OF THE INTE	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Taylor Victor Oh/	9/8/09		

Application No.

Applicant(s)